

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000010218

Entity Name: AT HOME WOUNDCARE INC.

Current Principal Place of Business:

13166 NW 11TH PLACE
SUNRISE, FL 33323

Current Mailing Address:

13166 NW 11TH PLACE
SUNRISE, FL 33323

FEI Number: 81-5213619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANT, ALONZO
13166 NW 11TH PLACE
SUNRISE, FL 33323 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	GRANT, ALONZO	Name	JOHNSON-MCGREGOR, CAROL
Address	13166 NW 11TH PLACE	Address	13166 NW 11TH PLACE
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	SECR		
Name	MARBALLIE, MELISSA		
Address	13166 NW 11TH PLACE		
City-State-Zip:	SUNRISE FL 33323		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARBALLIE, MELISSA

SECRETARY

05/06/2018

Electronic Signature of Signing Officer/Director Detail

Date